

STATE OF CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION

Kellogg Environmental Center P.O. Box 435, 500 Hawthorne Avenue Derby, CT 06418

(203) 734-2513 Fax: (203) 922-7833

http://www.ct.gov/dep

Gina McCarthy, Commissioner

Educator Workshop Registration

Workshop Title:			
Workshop Date:			
Time:	Cost:		
Workshop Location:			
Darticinant Information			
Participant Information: Name:			
Home Address:			
Town:	State:		Zip Code:
Home Phone:	Email Address	s:	
School Name:			
School Address:			
Town:	State:		Zip Code:
School Phone #:	Fax #:		
If presently teaching, grade level:			
Are you currently teaching any natural history, ecology, or environmental programs at your school?			
Yes No If yes, what topics are covered?			
Have you previously attended a D.E.P.	workshop?	Yes	_ No
If yes, what workshop did you attend?			
Do you want Continuing Education Uni	ts (CEU's)?	Yes	No
If yes, please provide the last four digits of your Social Security number for CEU's			
Place make checks navable to:			Payment is enclosed
Please make checks payable to: CT Department of Environmental Pro	otection		Payment to be made on day of workshop
Please send payment and completed form to: Educator workshape Kollaga Environmental Center B.O. Box 425 Destay CT 04419, or fav the completed			
Educator workshops, Kellogg Environmental Center, P.O.Box 435, Derby, CT 06418, or fax the completed form to (203) 922-7833 or e-mail completed form to donna.kingston@ct.gov			

THIS FORM MUST BE RECEIVED IN OUR OFFICE ONE WEEK PRIOR TO THE WORKSHOP DATE